

**An Audit of
Supportive Homecare Options, Inc.
Under Contract with the Milwaukee
County Department on Aging**

July 2003

Committee on Finance and Audit

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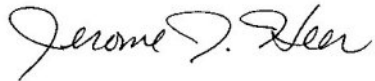
July 11, 2003

To the Honorable Chairman
of the Board of Supervisors
of the County of Milwaukee

As directed by County Board Resolution (File No. 03-229), we have completed an audit of Supportive Homecare Options, Inc. (SHO). The specific objective of this audit was to review the quality assurance and complaint resolution processes in place at the agency. SHO provides Wisconsin Family Care members with supportive home care services under contract with the Department on Aging.

Responses from SHO and the Department on Aging are included as Exhibit 2. We appreciate the cooperation extended by staff of both organizations during the audit.

Please refer this report to the Committees on Finance and Audit and Health and Human Needs.



Jerome J. Heer
Director of Audits

JJH/cah

Attachment

cc: Milwaukee County Board of Supervisors
Scott Walker, County Executive
Stephanie Sue Stein, Director, Department on Aging
Sally Sprenger, Administrator, Supportive Homecare Options, Inc.
Rob Henken, Director of County Board Research
Lauri J. Henning, Chief Committee Clerk, County Board Staff

An Audit of Supportive Homecare Options, Inc.

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Summary

Family Care is designed to provide cost-effective, comprehensive, and flexible long-term care that will foster consumers' independence and quality of life, while recognizing the need for assistance and support. The State Family Care program, currently piloted in nine Wisconsin counties, is designed to serve people with physical or developmental disabilities and the frail elderly. In Milwaukee County, the Family Care pilot program is limited to the elderly population.

Family Care has two major organizational components, Resource Centers and Care Management Organizations (CMOs). Resource Centers are designed to be single entry points where information and advice is provided about a wide range of resources available in a community and to perform eligibility screenings for Family Care participation. CMOs administer Family Care benefits to recipients under a managed care model, similar to an HMO in the health care industry, in which individualized care is arranged for members for a fixed capitated (per member, per month) rate, regardless of the actual cost of care for each individual member. Under contracts with the State, the Milwaukee County Department on Aging (Aging) is both the designated Resource Center and the certified CMO for Milwaukee County. Aging began operation of the County's Resource Center, and became a Family Care CMO, in 2000. The CMO's budget for 2003 is \$106.7 million and member enrollment has nearly doubled since the inception of the program, reaching 4,525 as of June 2003. Due to the Family Care program and the efforts of the Department on Aging, waiting lists for long-term support services for Milwaukee County's elderly population were eliminated as of June 2002.

Supportive home care, which includes duties related to household tasks, supervision and personal care, is a substantial component of the services provided under Family Care in Milwaukee County with approximately 2,430 (54%) of members currently utilizing the service. According to Aging records, supportive home care comprised about \$13 million (18%) of the total cost for all Milwaukee County Family Care services provided in 2002.

Supportive Homecare Options, Inc. (SHO) employs and trains individuals, most often a relative of the Family Care member, to provide the level of supportive home care service authorized by a separate Care Management Team. In April 2003, in response to concerns expressed at a public meeting, the Milwaukee County Board of Supervisors adopted a resolution (File No. 03-229) directing the Department of Audit to conduct a review of Supportive Homecare Options, Inc. The

specific objective of this audit was to review the quality assurance and complaint processes in place at SHO.

Quality Assurance

The contract between Aging and Supportive Homecare Options, Inc. states that “The agency shall monitor and supervise the Supportive Home Care services received by the CMO (Aging) Member to ensure that services are provided as specified in the Member’s care plan.” The contract further states that “The agency shall supervise and periodically evaluate the performance of the SHC (Supportive Home Care) worker.”

However, SHO has no formal process or procedures in place to systematically monitor worker performance for purposes of determining adherence to member care plans. We found no evidence of a quality assurance regimen on SHO’s part that would permit the agency to provide verifiable assurance that its workers were providing the specific services authorized by the interdisciplinary Care Management Team and in accordance with the care plan developed by the Care Management Team. Rather, based on our review of 100 member case files and interviews with SHO staff, we found that worker performance is primarily managed on a reactive basis, responding to complaints from members, Care Managers, neighbors, etc.

In discussing the lack of a formal quality assurance mechanism at SHO, agency management pointed out that almost all complaints, regardless of their source, are handled properly, in a timely manner, and are effectively resolved to the complainant’s satisfaction. Our review of the files generally supports this observation. However, we believe that this reactive approach to complaints, while responsive to the individual circumstances generating each complaint, does not constitute the proactive quality assurance effort necessary to fulfill the contractual obligation of ensuring appropriate service delivery.

It should be noted that Aging’s contract with SHO also includes a requirement that SHO perform criminal background checks on all prospective employees prior to their hiring. We performed a limited spot-check review and found evidence of a criminal background check performed and documented in each employee file we reviewed.

Department on Aging Expectations

According to Aging staff, there is no expectation that SHO conduct home visits to check on worker performance or quality of service other than conducting an annual worker review at the member’s home by a Registered Nurse or SHC supervisor. According to Aging, semi-annual home visits were

discontinued because of the role of the interdisciplinary Care Management Teams and a desire to maintain the privacy of the Family Care member.

However, the annual review described by Aging is not specified in the contract. As previously cited, the contract calls for periodic evaluations. SHO management stated the agency does not perform a structured annual review but conducts counseling sessions when positive or negative feedback is received about an employee. These counseling sessions are documented in the employee's file, according to SHO.

SHO Complaint Resolution

The contract between Supportive Homecare Options, Inc. and the Department on Aging requires SHO to maintain a record of requests or complaints received from each member, along with actions taken to resolve the request, complaint or other issues.

We reviewed a random sample of 100 member case files for purposes of reviewing documentation of SHO's complaint resolution practices. Of the 100 files reviewed, we identified 12 complaints/concerns relating to member services and/or care worker concerns. Of the 12 complaints, all appear to have been satisfactorily resolved. Case file information clearly documented satisfactory resolution in eight instances, while the remaining four complaints required further explanation and documentation from SHO.

In addition to our review of a random sample of 100 member files, we reviewed four specific complaints that came to our attention during testimony at the April 2003 meeting of the Health and Human Needs Committee of the Milwaukee County Board. We also reviewed two additional complaints made to the State Department of Health and Family Services that came to our attention during this audit. A brief summary of each complaint and its current disposition is included in this report.

Our review of 100 member case files, six specific complaints and discussions with SHO management provided evidence of active and effective complaint resolution efforts. However, we noted that there are no formal procedures or central complaint file or log to help ensure that all complaints are documented and addressed in a consistent manner. Documentation that was maintained in member files often consisted of e-mails or notes of telephone conversations that required interviews with SHO staff for clarification or additional documentation.

We have included recommendations to address the findings in the report. A response from Supportive Homecare Options, Inc. and the Department on Aging is presented as **Exhibit 2**. We would like to acknowledge the cooperation of staff at both SHO and the Department on Aging during this audit.

Background

Due to frailties of aging or a developmental or physical disability, many people need help accomplishing daily activities or caring for their health. Traditionally, for qualified individuals in Wisconsin, these needs were addressed with a long-term care delivery system that involved a complex entanglement of programs and funding sources. Because of varied program requirements, service restrictions and eligibility criteria, both the efficiency and effectiveness of this long-term care delivery system were questioned. In Milwaukee County, a number of individuals remained on waiting lists for years until funding became available for services to help sustain them in the community or, at a significant cost and loss of independence, were placed in a skilled nursing facility.

To address these shortcomings, the State of Wisconsin developed a new approach to the provision of long-term care, called 'Family Care.' Family Care is designed to provide cost-effective, comprehensive, and flexible long-term care that will foster consumers' independence and quality of life, while recognizing the need for assistance and support. The program, currently piloted in nine counties, is designed to serve people with physical or developmental disabilities and the frail elderly. However, unlike other pilot counties, Milwaukee County serves only its elderly population under Family Care. Services for eligible Milwaukee County residents under the age of 60 with physical or developmental disabilities continue under the traditional long-term care delivery model administered by the Disability Services Division of the County's Department of Health and Human Services.

Family Care has two major organizational components, Resource Centers and Care Management Organizations (CMOs). Resource Centers are designed to be single entry points where information and advice is provided about a wide range of resources available in a community and to perform eligibility screenings for Family Care participation.

CMOs manage and deliver the Family Care benefit, which combines funding and services from a variety of existing programs into one flexible long-term care benefit, tailored to an individual's needs, circumstances and preferences. CMOs administer Family Care benefits to recipients under a managed care model, similar to an HMO in the health care industry, in which individualized care is arranged for members for a fixed capitated (per member, per month) rate, regardless of the actual cost of care for each individual member. CMOs develop and manage a comprehensive

network of long-term care services, either through contracts with providers, or by providing direct services with CMO employees.

The principle mechanism for authorizing the appropriate type and level of services is the interdisciplinary Care Management Team, consisting of a Care Manager (social worker), a Registered Nurse and other professionals as appropriate. The interdisciplinary team, in collaboration with the CMO member, completes an assessment to identify the long-term support services needed by the member and develops a service plan that sets forth the services to be provided. The Care Management Team authorizes service delivery and is responsible for ongoing case management, including authorization of any subsequent modification of service levels.

Under contracts with the State, the Milwaukee County Department on Aging (Aging) is both the designated Resource Center and the certified CMO for Milwaukee County. Aging began operation of the County's Resource Center, and became a Family Care CMO, in 2000. The CMO's budget for 2003 is \$106.7 million and member enrollment has nearly doubled since the inception of the program, reaching 4,525 as of June 2003. Due to the Family Care program and the efforts of the Department on Aging, waiting lists for long-term support services for Milwaukee County's elderly population were eliminated as of June 2002.

Among the long-term care services available to those members that reside in their homes are case management, adult day care, home-delivered meals, home modifications and supportive home care. The process for assuring quality in the delivery of these services is evolving as the State moves forward with implementation of the Family Care model. In December 2002, an independent review commissioned by the State to assess the model's implementation in nine Wisconsin pilot counties generally acknowledged that Milwaukee County has made strong efforts in this area.

Supportive Home Care Services

Supportive home care, which includes duties related to household tasks, supervision and personal care, is a substantial component of the services provided under Family Care in Milwaukee County with approximately 2,430 (54%) of members currently utilizing the service. Supportive home care comprised about \$13 million (18%) of the total cost for all Milwaukee County Family Care services provided in 2002.

Most supportive home care services are delivered under provider contracts with two agencies, Supportive Homecare Options, Inc. (SHO) and New Health Services, Inc. (NHS). Under the terms of their contracts, the agencies employ and train individuals, most often a relative of the Family Care member, to provide the level of supportive home care service authorized by the Care Management Team. Each agency is required to conduct an in-home assessment of the member's needs, including the type, quantity and frequency of services needed, and to prepare a recommended individual care plan for the member. The agency then submits the recommended care plan to the appropriate Care Management Team for review and approval. Members that are not in agreement with an approved care plan, or that have any other complaints, can file a formal grievance with Aging and/or with the State. Prior to implementation of the Family Care model, the Department on Aging paid a management fee to a fiscal agent. The fiscal agent acted strictly in a payroll processing capacity, paying care workers' wages and withholding and paying employment taxes. Under Family Care, the care workers are hired, trained, supervised and monitored by the supportive homecare agency, thus adding a level of oversight absent from the fiscal agent model.

The two supportive home care agencies are compensated for hours of service provided, along with associated payroll taxes, and a monthly management fee paid for each member receiving supportive home care services. The management fee is either \$78.50 or \$88.50 per member per month, depending on the level of care (home care or personal care) authorized for the member. According to Aging payment records, SHO and NHS were paid approximately \$5.4 million and \$5.5 million, respectively, under the supportive home care service contracts in 2002. Based on the first four months of activity in 2003, we estimate that amounts paid for supportive home care services will increase to \$7.4 million to SHO and \$7.1 million to NHS. Currently, wages paid to employees providing direct supportive home care services comprise about 85% of the total payments to the agencies, with about 15% paid for management fees.

In April 2003, in response to concerns expressed at a public meeting, the Milwaukee County Board of Supervisors adopted a resolution (File No. 03-229) directing the Department of Audit to conduct a review of Supportive Homecare Options, Inc. The review was to determine if the agency is in compliance with the policy and service delivery guidelines of the Family Care program, with the findings to be reported to the Committee on Finance and Audit by July 2003. In this regard, the specific objective of this audit was to review the quality assurance and complaint processes in place at Supportive Homecare Options, Inc.

Section 1: Oversight of Service Quality

The contract requires that the agency shall supervise and periodically evaluate the performance of the worker.

Based on a review of 100 member case files, we found that worker performance is primarily managed on a reactive basis.

Quality Assurance

The contract between Aging and Supportive Homecare Options, Inc. (SHO) states that “The agency shall monitor and supervise the Supportive Home Care services received by the CMO (Aging) Member to ensure that services are provided as specified in the Member’s care plan.” The contract further states that “The agency shall supervise and periodically evaluate the performance of the SHC (Supportive Home Care) worker.”

However, SHO has no formal process or procedures in place to systematically monitor worker performance for purposes of determining adherence to member care plans. We found no evidence of a quality assurance regimen on SHO’s part that would permit the agency to provide verifiable assurance that its workers were providing the specific services authorized by the interdisciplinary Care Management Team and in accordance with the care plan developed by the Care Management Team. Rather, based on our review of 100 member case files and interviews with SHO staff, we found that worker performance is primarily managed on a reactive basis, responding to complaints from members, Care Managers, neighbors, etc.

File Review

We reviewed a random sample of 100 member files located at SHO to determine the extent to which the agency is complying with its contractual requirement to monitor and supervise support home care services to ensure the services are provided in accordance with the member’s care plan.

All of the files contained documentation relating to SHO’s frequent contact with either the member, the Care Management Team or Aging. Each file also contained documentation of SHO’s in-home assessments and, in some cases, re-

There was no file documentation indicating in-home inspections.

assessments, conducted by the agency's nursing staff. Other documentation contained in the files included e-mail messages, telephone surveys, and other telephone contacts to the member or the supportive home care worker. However, there was no documentation indicating in-home inspections for the purposes of ensuring the delivery of quality services as specified in members' care plans.

Surveys by SHO do not address the contractual obligation to monitor and supervise services.

We noted that 63 of the 100 files (63%) reviewed contained documentation of the agency conducting a survey to determine the member's satisfaction with services. However, the survey instrument consisted of only one question related to the member's satisfaction with services. Further, while this effort can be viewed as a proactive measure by SHO to ascertain members' general level of satisfaction, it does not address the agency's contractual obligation to monitor and supervise services to ensure the services are provided as specified in the members' care plans.

In discussing the lack of a formal quality assurance mechanism at SHO, agency management pointed out that almost all complaints, regardless of their source, are handled properly, in a timely manner, and are effectively resolved to the complainant's satisfaction. Our review of the files generally supports this observation. However, we believe that this reactive approach to complaints, while responsive to the individual circumstances generating each complaint, does not constitute the proactive quality assurance effort necessary to fulfill the contractual obligation of ensuring appropriate service delivery.

SHO management indicated that the agency takes a proactive approach to quality assurance and provided us with documentation of 30 member satisfaction surveys conducted in 2002. However, a Family Care member's satisfaction with services provided, particularly if provided by a relative, does not provide assurance that the services were provided in accordance

with the member's individual care plan, as required by the contract.

Currently, SHO employs approximately 900 workers to provide supportive home care services to nearly 1,100 current Family Care members. These workers, generally relatives of the members, provide services in members' homes, removing them from day to day oversight and first hand supervision by SHO.

SHO management acknowledged that home visits are not routinely conducted.

SHO management acknowledged that home visits, designed to determine whether workers actually perform the duties assigned or to assess the quality of work performed, are not routinely conducted. Consequently, home visits are undertaken by SHO only to investigate a complaint or in response to other events that prompt follow-up action, such as suspected improprieties noted in relation to employee timesheets.

There are measures in place at SHO that may provide a limited degree of assurance that services are provided, such as a requirement that members sign off on employee timesheets. In addition, there are in-home observations by SHO Registered Nurses while conducting reassessments of member needs. However, the effectiveness of a purposeful first hand inspection is lacking.

Criminal background checks were performed and documented in each employee file we reviewed.

It should be noted that Aging's contract with SHO also includes a requirement that SHO perform criminal background checks on all prospective employees prior to their hiring. We performed a limited spot-check review and found evidence of a criminal background check performed and documented in each employee file we reviewed.

Department on Aging Expectations

According to Aging staff, there is no expectation that SHO conduct home visits to check on worker performance or quality of service other than conducting an annual worker review at the

The annual review described by Aging is not specified in the contract with SHO.

member's home by a Registered Nurse or SHC supervisor. This annual review should be documented in the employee's file, according to Aging.

However, the annual review described by Aging is not specified in the contract. As previously cited, the contract calls for periodic evaluations. SHO management stated the agency does not perform a structured annual review but conducts counseling sessions when positive or negative feedback is received about an employee. These counseling sessions are documented in the employee's file, according to SHO.

Home visits were discontinued because of the role of Care Management Teams and a desire to maintain the privacy of the Family Care member.

Aging staff told us that semi-annual home visits were discontinued because of the role of the interdisciplinary Care Management Teams and a desire to maintain the privacy of the Family Care member. According to Aging, SHO is required to do random checks of workers. This is based on an unwritten understanding that there will be five random phone calls per day to check that workers are at the member's home, as scheduled. However, this practice does not provide assurance that workers are performing services as required.

In separate interviews, both Aging staff and SHO management told us there are other factors and aspects of the Family Care framework that help ensure overall oversight and monitoring of member service quality. Factors cited as contributing to an overall environment of 'checks and balances' include:

- About 75% of the workers providing supportive home care services are relatives of the members. This group of workers requires less oversight because as relatives, they typically have the members' best interests in mind. Aging staff further commented that these workers would be the same individuals to complain if services provided by someone else were substandard.
- Independent chart audits (i.e., member file reviews) are performed.

- Specific duties performed, as well as service levels, including hours of care, must be authorized by the Care Management Team. This limits the level of exposure to unnecessary or poor quality services.
- The State has a requirement for the reporting of critical incidents. All incidents involving member deaths or falls are to be reported. In addition, Aging's contract with the State requires reporting of instances of suspected abuse or neglect.
- Care Management Teams' focus is on oversight and, based on the underlying philosophy of the Family Care model, all parties involved in the program are responsible for members' care.
- Other interested parties, including neighbors, landlords, postal workers and other family members, can and do pass along concerns on behalf of Family Care members.
- Members are empowered to make complaints and there is a formal system for dealing with these complaints in Family Care.

Conclusions and Recommendations

SHO has a contractual obligation to monitor and supervise supportive home care services to ensure those services are provided as specified in Family Care members' individual care plans. Our review of 100 member files verifies that SHO documents frequent contact with members, case managers and the Department on Aging and is responsive to complaints from various sources. However, SHO lacks a structured, proactive quality assurance process necessary to fulfill this contractual obligation. With the knowledge and acceptance of the Department on Aging, SHO places heavy reliance on Care Management Teams to monitor member's care and also relies on numerous other aspects of the Family Care model to provide a 'checks and balances' system of quality assurance.

SHO lacks a structured, proactive quality assurance process.

According to SHO, the agency is developing a more structured quality assurance process.

According to SHO, the agency is developing a more structured quality assurance process and intends to hire two additional staff for this purpose.

To fulfill its contractual obligation to provide assurance that supportive home care services are provided in accordance with individual members' care plans, we recommend:

1. *Supportive Homecare Options, Inc. implement a proactive quality assurance process to document a systematic effort to provide assurance that its workers are providing services as specified in members' individual care plans.*
2. *The Department on Aging clarify supportive home care agencies' contract language to include expectations for managing a formal quality assurance function, and hold agencies accountable for meeting those expectations.*

Section 2: Complaint Resolution

The Family Care Program has several avenues for complaint resolution.

The Family Care Program has several avenues for complaint resolution, each designed to provide relief for a member or member advocate who has a concern regarding a Family Care service. A member has the option of informally voicing a complaint to the Care Management Organization (in Milwaukee County, the Department on Aging) that oversees the member's service delivery, filing a formal grievance with a grievance committee established by the CMO, or filing a complaint directly with the State Department of Health and Family Services. Members that are not satisfied with the outcome of any of these options are entitled to receive a fair hearing by a State administrative law judge, or they can seek a fair hearing as a first step, if they so choose.

SHO Complaint Resolution

The contract between Supportive Homecare Options, Inc. and the Department on Aging requires SHO to maintain a record of requests or complaints received from each member, along with actions taken to resolve the request, complaint or other issues.

We identified 12 complaints/concerns relating to member services and/or care worker concerns.

We reviewed a random sample of 100 member case files for purposes of reviewing documentation of SHO's complaint resolution practices. Of the 100 files reviewed, we identified 12 complaints/concerns relating to member services and/or care worker concerns.

We reviewed the 12 files in detail to determine the source of the complaint, the nature of the complaint, and whether the complaints were resolved to the satisfaction of the party registering the concern.

In general, the complaints originated from a member, a care worker, or reported by the Care Management Team. The nature

of the 12 complaints we identified can be categorized in one of the following general descriptions.

1. Member complained of worker not showing up or other scheduling problems.
2. Worker had problem with messy condition of member's home.
3. Relative complaining that worker is lazy and unreliable or that member is receiving sub-standard care.
4. Anonymous phone call complaining that member is taking care of worker versus worker taking care of member.
5. Care worker complaining on behalf of member regarding number of authorized service hours.
6. Member complained regarding need for a foreign language-speaking worker.

Of the 12 complaints, all appear to have been satisfactorily resolved.

Of the 12 complaints, all appear to have been satisfactorily resolved. Case file information clearly documented satisfactory resolution in eight instances, while the remaining four complaints required further explanation and documentation from SHO.

These four cases had complaints relating to members receiving substandard care, lazy and ineffective workers, or messy conditions at a member's home. In three of these four instances, SHO worked via e-mail or telephone to resolve the complaints; no home visits were made.

In the fourth instance, a care worker filed a grievance with Aging requesting 24-hour care for his grandmother. According to documentation in the file, this worker was initially upset with the Care Manager being unresponsive to his requests, including a request for a wheelchair. The case was transferred to another supportive home care agency in an attempt to resolve the problems. However, the worker eventually requested to be transferred back to SHO. Ultimately, the owner/director of SHO personally visited the member's home to resolve the problems. Following the visit, the worker agreed to drop the grievance,

accept an increase in hours for his grandmother's care that was approved by the Care Management Team, and to continue employment with SHO.

Review of Six Specific Complaints

We reviewed six specific complaints that came to our attention as part of the audit.

In addition to our review of a random sample of 100 member files, we reviewed four specific complaints that came to our attention during testimony at the April 2003 meeting of the Health and Human Needs Committee of the Milwaukee County Board. We also reviewed two additional complaints made to the State DHFS that came to our attention during this audit. A brief summary of each complaint and its current disposition follows.

- A family member/care worker refuses to meet with SHO management to discuss concerns regarding a potential patient confidentiality violation on the part of the worker, citing lack of anyone to care for Family Care member. Worker hangs up on SHO's phone calls to arrange counseling session regarding potential confidentiality violation.

Current Disposition: SHO suggested worker/member case transfer to another supportive home care agency. Member requested the transfer, which was approved by Aging.

- A family member/prospective care worker requested additional hours of service for a Family Care member, which would result in 16 hours of care per day. This request was denied by the Care Management Team. The care worker subsequently filed a grievance with Aging.

In a separate issue, the same family member grieved SHO's termination of two family members providing care for failure to meet requirement that care workers receive training, and requested payment for services provided after termination. The terminated care worker cited three years of experience caring for the Family Care member.

Current Disposition: Aging's grievance committee denied the grievance, noting that other aspects of the member's care plan address the member's needs and that denial of the increased service level would not negatively impact the member's health or safety. This item was also grieved to the State. An administrative law judge called for a re-assessment of the member's service level needs. The re-assessment was performed and the family member was satisfied with the results.

In the separate issue of termination and request for payment after termination, Aging's grievance committee upheld the agency's position. A State fair hearing has been requested.

- A family member/care worker filed a grievance with the State or with Aging requesting 24-hour care for the Family Care member and alleging that the Care Management Team was unresponsive to this and other requests. (This case was previously discussed, as it was also the subject of our sample review of 100 member case files.)

Current Disposition: The grievance has been dropped after the care worker received personal attention from the owner/director of SHO and with an increase in service hours approved for the member by the Care Management Team.

- Three family members/care workers refused to allow random telephone calls or home visits by SHO to verify the provision of services, citing fears on the part of the Family Care member. The three family members voluntarily terminated employment with SHO but requested payment for services provided after the terminations.

Current Disposition: A State administrative law judge upheld the agency's denial of payments to these former care workers.

- A family member/care worker complained of a reduction in service hours (a Care Management Team decision) and of the failure of care workers to appear for scheduled services.

Current Disposition: A letter was sent by Aging offering the member an opportunity to change agencies, but noting that care worker availability cannot be guaranteed by the CMO. The reduction in hours was modified by a State administrative law judge.

- A care worker was scheduled for a fair hearing with a State administrative law judge concerning provider choice and an alleged cut in services.

Current Disposition: This member's case was transferred from one Care Management Team to another. While service levels were not reduced, there was an apparent delay in authorization of the service levels by the new Care Management Team. The State fair hearing was dismissed by the administrative law judge because the grievant did not appear at the scheduled hearing.

There is no central complaint log to ensure all complaints are documented.

Conclusions and Recommendations

Our review of 100 member case files, six specific complaints and discussions with SHO management provided evidence of active and effective complaint resolution efforts. However, we noted that there are no formal procedures or central complaint file or log to help ensure that all complaints are documented and addressed in a consistent manner. Documentation that was maintained in member files often consisted of e-mails or notes of telephone conversations that required interviews with SHO staff for clarification or additional documentation.

To help ensure that all complaints are documented and addressed in a consistent manner, we recommend SHO:

3. *Establish a central log to document all complaints.*
4. *Develop standard procedures to provide consistent guidance in the handling of complaints, including proper documentation of efforts to resolve issues (e.g., dates of member contacts, summary of final disposition).*

Audit Scope

In April 2003, in response to concerns expressed at a public meeting, the Milwaukee County Board of Supervisors adopted a resolution (File No. 03-229) directing the Department of Audit to conduct a review of Supportive Homecare Options, Inc. The specific objective of this audit was to review the quality assurance and complaint processes in place at Supportive Homecare Options, Inc. (SHO). The audit was conducted under standards set forth in the United States General Accounting Office *Government Auditing Standards*, with the exception of the standard related to periodic peer review. It is anticipated our next peer review will be conducted in 2004. We limited our review to the items specified in this Scope section. During the course of this audit, we performed the following tasks.

- Reviewed background material on the State of Wisconsin Family Care model and pilot program in Milwaukee County.
- Examined relevant contracts between the State of Wisconsin Department of Family and Human Services and the Milwaukee County Department on Aging, as well as between Aging and SHO.
- Interviewed staff at the Milwaukee County Department on Aging and at Supportive Homecare Options, Inc.
- Selected a random sample of 100 Family Care member case files from 1,074 files maintained by SHO. This sample of files was reviewed for purposes of evaluating documentation of SHO's complaint resolution practices.
- Reviewed documentation concerning the disposition of six specific complaints registered by or on behalf of Family Care members served by SHO.
- Reviewed data from Aging related to billings from SHO and New Health Services, Inc. for 2002 and the first four months of 2003.
- Performed a limited spot-check of SHO employee files for evidence of a criminal background check performed by SHO staff.